



80153515 1933715 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.
HOME DEPOT #1975
 STORE MANAGER
 3080 ROUTE 34
 DOWNGRD IL 60543
 PH: 630-554-7092 FAX: --

B. MRO Name, Address, Phone and Fax No.
STUART B HOFFMAN MD FACP
 CHOICEPOINT MRO SERVICES
 5900 WILSHIRE BLVD #2200
 LOS ANGELES CA 90036
 PH: 800-733-6676 FAX: 866-355-1297

C. Donor SSN:

D. Donor Name: Last:

E. Donor ID Verified: Photo ID Hand Stamp Emp. Rep.F. Reason for Test: Pre-employment (1) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22) Post Rehab (99)

G. Drug Tests to be Performed:

() 35496N SAP 6-50/2000 W/HIT
 () 0443H BLOOD ALCOHOL (FOR REASONABLE SUSPICION ONLY)

EXHIBIT

14

H. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:

Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.****STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier FedEx
 DHL / Airborne Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessor

Primary Specimen Bottle Seal Intact

Yes
 No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:**STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

/ /

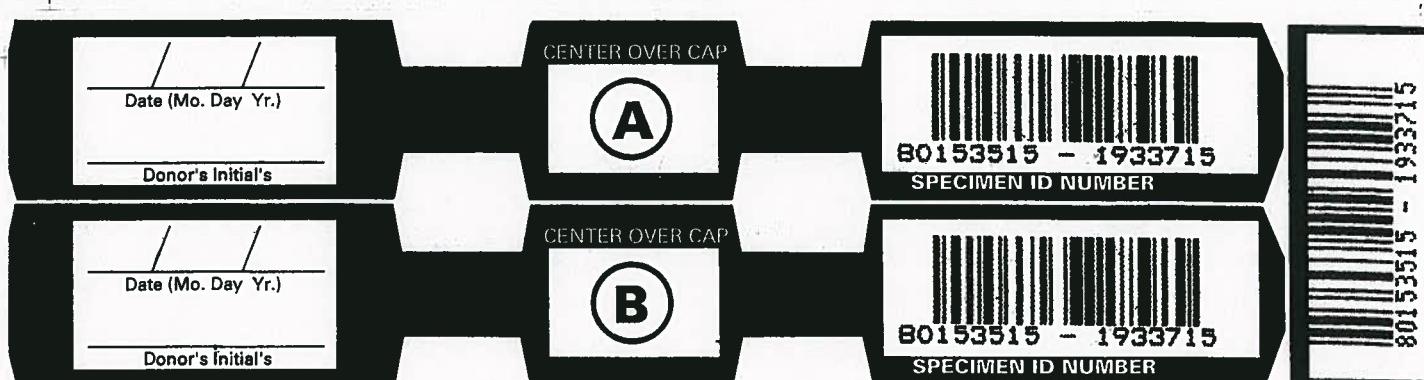
Daytime Phone No. ()

Evening Phone No. ()

Data (Mo./Day/Yr.)

Date of Birth

Mo. Day Yr.

**COPY 1 - LABORATORY**

30153515 1933715 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

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A. Employer Name, Address, I.D. No.
 HOME DEPOT #1925
 STORE MANAGER
 3080 RUEDE 34
 DURHAM NC 27703
 PH: 919-594-7892 FAX: _____

B. MRO Name, Address, Phone and Fax No.
 STUART B HOFFMAN MD FACP
 CHOICEPOINT MRO SERVICES
 5900 HILSHIRE BLVD #2200
 LOS ANGELES CA 90036
 PH: 800-733-6676 FAX: 866-355-1297

C. Donor SSN: _____

D. Donor Name: Last: _____

First: _____

E. Donor ID Verified:

 Photo ID Hand Stamp Emp. Rep. _____

F. Reason for Test:

 Pre-employment (1) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22) Post Rehab (99)

G. Drug Tests to be Performed:

() 35496H CAP 6-50/2000 W/HIT

02420 REASONABLE SUSPICION (FOR REASONABLE SUSPICION ONLY)

H. Collection Site Name: _____

Collection Site Code: _____

Address: _____

Collector Phone No.: _____

City, State and Zip: _____

Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection:

 Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

SPECIMEN BOTTLE(S) RELEASED TO: Quest Diagnostics Courier FedEx DHL / Airborne Other

Name of Delivery Service Transferring Specimen to Lab

AM
PM

Time of Collection

Date (Mo./Day/Yr.)

(Print) Collector's Name (First, MI, Last)

**RECEIVED
AT LAB:** **X**

Signature of Accessioner

**Primary Specimen
Bottle Seal Intact** Yes No, Enter Remark Below _____**SPECIMEN BOTTLE(S) RELEASED TO:**

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

 NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE: DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

 RECONFIRMED FAILED TO RECONFIRM - REASON _____**X**

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

(0150515 1933715 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.
 HUKE DEPUTY #1975
 STORE MANAGER
 3100 ROUTE 34
 RUMSD IL 60543
 PH: 630-554-2092 FAX: _____

B. MRO Name, Address, Phone and Fax No.
 STUART B HOFFMAN MD FACE
 CHOICEPOINT MRO SERVICES
 5900 WILSHIRE BLVD #2200
 LOS ANGELES CA 90036
 PH: 800-733-6676 FAX: 866-355-1297

C. Donor SSN: _____

D. Donor Name: Last: _____ First: _____

E. Donor ID Verified: Photo ID Hand Stamp Emp. Rep. _____F. Reason for Test: Pre-employment (1) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22) Post Rehab (99)

G. Drug Tests to be Performed:

() 35496# SAF 6-50/2000 N/HIT

H. Collection Site Name: _____

Collection Site Code: _____

Address: _____

Collector Phone No.: _____

City, State and Zip: _____

Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) <input type="checkbox"/> Observed (Enter Remark)
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REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY***I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and referred to the Delivery Service noted in accordance with applicable requirements.*

X	AM PM	SPECIMEN BOTTLE(S) RELEASED TO:
Signature of Collector	Time of Collection	<input type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input type="checkbox"/> DHL / Airborne <input type="checkbox"/> Other Name of Delivery Service Transferring Specimen to Lab
(Print) Collector's Name (First, MI, Last)	Date (Mo./Day/Yr.)	Primary Specimen Bottle Seal Intact
RECEIVED AT LAB: X	Signature of Accessioner	SPECIMEN BOTTLE(S) RELEASED TO:
(Print) Accessioner's Name (First, MI, Last)	Date (Mo./Day/Yr.)	<input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below

STEP 5: COMPLETED BY DONOR*I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.*

X	Signature of Donor	(PRINT) Donor's Name (First, MI, Last)	Date (Mo./Day/Yr.)
Daytime Phone No. 	Evening Phone No. 	Date of Birth	Mo. / Day / Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN*In accordance with applicable requirements, my determination/verification is:*

Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo./Day/Yr.)
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COPY 3 - COLLECTOR RETAINS - DO NOT SEND TO LABORATORY

INSTRUCTIONS FOR COMPLETING FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

NOTE: Use ballpoint pen, press hard, print all information with the exception of signatures, and check all copies for legibility.

- A. Collector ensures that the Specimen ID number on the top of the CCF matches the specimen ID number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides the remark in STEP 2 if the donor refuses to provide his/her SSN or Employee ID number.
- C. Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s) and affixing the label(s)/seal(s) on the specimen bottle(s).
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i.e., provides signature, printed name, date, time of collection and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, places the tracking label from the CCF on the specimen package, releases specimen package to the delivery service and distributes the other copies as outlined in the standard operating procedure manual as required.

COMPLETING THE COLLECTION PROCESS:

Fax COPY 2 directly to the Medical Review Officer. Do NOT send to laboratory. File original with Collector's copy. Retain COPY 3 for your records. Do NOT send to laboratory.